

Assessment strategy 4: Evaluating the impact of public health programs and policies

Office of the Assistant Secretary for Health (OASH)

Coordinate monthly, mid-decade, and end-of-decade reviews of progress toward attainment of the Healthy People 2000 Objectives (*Office of Disease Prevention and Health Promotion*).

1990-91 **1992 and beyond**

National Institutes of Health (NIH)

1. Evaluate final results and medical technology of effective preventive and treatment measures, clinical trials, and intervention research. Convene panels of independent experts to interpret the scientific meaning and potential public health impact of the results. Examples follow.

1990-91 **1992 and beyond**

- Medical technology assessment of new medical procedures and devices.
- National Cancer Institute trials of screening and diagnostic technologies.
- Controlled pilot studies of biomedical, behavioral, or environmental interventions aimed at reducing frailty and injuries among older persons.
- Controlled clinical trials in heart, lung, and blood disease prevention.
- Controlled clinical trials designed to test the effectiveness of anti-HIV agents in delaying progression to AIDS in HIV-infected, asymptomatic persons.
- Expert panel reports on high blood pressure treatment from the National High Blood Pressure Education Program, and high blood cholesterol level treatment from the National Cholesterol Education Program.

2. Develop consensus documents on guidelines for educational programs and treatment protocols. Examples follow.

1990-91 **1992 and beyond**

- Consensus Development Conferences and Physicians Data Query (PDQ).

3. Monitor and evaluate morbidity and mortality rates, comparing them to Healthy People 2000 Health Objectives.

1992 and beyond

Indian Health Service (IHS)

1. Develop an evaluation assessment of the use of health risk appraisals in chemical dependency treatment and prevention.

1992 and beyond

2. Develop, test, and distribute a patient satisfaction survey instrument to be used by local IHS and tribal dental programs to measure community acceptance of available dental services.

1990-91

3. Identify and field test culturally relevant interventions to combat the high prevalence of periodontal disease in American Indians and Alaskan Natives.

1990-91

4. Collaborate with the World Health Organization and the National Institutes of Health to conduct the International Collaborative Study II (ICS-II), an oral health status survey in selected Indian communities in South Dakota and Arizona.

1990-91

5. In partnership with Indian tribes, IHS will conduct a IHS-wide survey to measure oral health status and treatment needs of a representative sample of American Indians and Alaska Natives.

1990-91

6. Complete evaluation of a 5-year project to reduce the prevalence of baby bottle tooth decay and disseminate those components of the project shown to be effective to IHS and tribal dental programs.

1992 and beyond

7. Develop Health Risk Appraisals (HRA) IHS-wide to track tribal progress in health promotion and disease prevention.

1990-91

1992 and beyond

8. Begin using the linked birth and infant death file of the National Center for Health Statistics to calculate Indian infant mortality rates, depending upon the availability of the files on a regular basis.

1992 and beyond

9. Document that IHS areas have a functioning system for maternal and child health surveillance and tracking of essential information.

1992 and beyond

10. Collaborate with the World Health Organization and the National Institutes of Health to conduct the International Collaborative Study II (ICS-II), to assist in assessing the level of maternal and child health services in all IHS areas and service units.

1992 and beyond

11. Tribal health organizations to prepare an annual severe injury profile and present it to key tribal decision makers.

1992 and beyond

12. Develop, test, and release to local IHS and tribal dental programs a quality assurance module for the dental Resource and Patient Management System computer software.

1990-91

1992 and beyond

13. Compare existing oral health status and treatment needs of American Indians and Alaska Natives with earlier observed baseline levels. Present findings to tribal, Federal, State, and local decision makers, along with information on those interventions that have been effective in improving health status.

1992 and beyond

14. Document that IHS area perinatal, infant, and maternal mortality reviews are being done.

1990-91

15. Develop a system for review and evaluation of the work of community health representatives.

1990-91

Centers for Disease Control (CDC)

1. Implement an evaluation process for all public health surveillance systems.

- Evaluate the accuracy, validity, appropriateness, and utility of all public health surveillance systems, as recommended by the CDC Surveillance Coordination Group.

1990-91

- Implement recommendations to improve the quality of these systems, such as expanding the Na-

tional Center for Health Statistics' Preliminary Mortality Data System from a 10 percent sample to 100 percent of deaths.

1992 and beyond

- Use the Uniform National Data Set and system for tracking the Healthy People 2000 Objectives.

1990-91

1992 and beyond

- Evaluate the success of the 5-year implementation plan.

1992 and beyond

Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)

1. Provide the Surgeon General with the results of research on the impact of health warning labels on alcoholic beverages (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

1992 and beyond

2. Assess scientific evidence regarding the impact of drinking-and-driving laws and determine to what extent the evidence provides support for policy development efforts (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

3. Address how to evaluate the effects of old policies and simulate the probable effects of new policies, such as conducting a preliminary assessment of the effectiveness of the Healthy People 2000 Health Objectives, analyzing the data generated by the Drug Policy Research Center, and assessing feedback from a wide variety of new professional and provider contacts (*National Institute on Drug Abuse*).

1992 and beyond

4. Award a contract for a national evaluation of the mental health demonstration program under the Stewart B. McKinney Homeless Assistance Act, enacted in July 1987 (*National Institute of Mental Health*).

1990-91

5. Complete a study of the first 10 Child and Adolescent Service System Program grants and the impact they have had on the development of public mental health policy for severely emotionally disturbed children and adolescents (*National Institute of Mental Health*).

1990-91

6. Develop and circulate reports on analysis of the findings and results of the Community Support Program demonstration projects involving innovative services to the elderly mentally ill, homeless mentally ill, consumer-run projects, supported housing projects, and services to severely mentally ill young adults with substance abuse problems (*National Institute of Mental Health*).

1992 and beyond

7. Publish and disseminate evaluation findings from the evaluation of the mental health demonstration program under the McKinney Act, including information on the population served, the services received, service outcomes, and barriers to the implementation of effective programs for the homeless mentally ill (*National Institute of Mental Health*).

1992 and beyond

8. Conduct a national evaluation of federally funded education and prevention approaches to reducing drug abuse. Review and report on evaluations of these efforts that currently exist (*Office for Substance Abuse Prevention*).

1990-91

1992 and beyond

Agency for Toxic Substances and Disease Registry (ATSDR)

1. Support efforts to analyze environmental public health programs and needs, such as the National Academy of Sciences, Institute of Medicine, reports, "The Future of Public Health," and "The Role of Primary Care Physicians in Environmental and Occupational Medicine."

1990-91

1992 and beyond

2. Evaluate ATSDR programs in order to assess their impact on public health practices and policies.

1990-91

1992 and beyond

- Assess the impact of health assessments, particularly those petitioned for by the public.

- Evaluate and revise Toxicological Profiles and other technical materials.

- Health findings and implications derived from the analysis of surveillance systems, such as for chronic diseases and birth defects, and exposure and disease registries.

Agency for Health Care Policy and Research (AHCPR)

1. Evaluate dissemination of health services research and medical effectiveness practice guidelines to determine the best methods and techniques for communicating with practitioners, consumers, policymakers, researchers, and other relevant audiences.

1990-91

1992 and beyond

2. Continue to disseminate intramural studies and data analyses of national significance. This effort will enhance evaluations and policy analyses of health care financing, hospital utilization and costs, and long-term care.

1990-91

1992 and beyond